(Rev. 12/98)

## FORM CT-1041 SCHEDULE B

1998

Name of Estate or Trust				EDERAL EMPLOYER ID NUMBER		
If you have a Connecticut fiduciary adjustments share of the Connecticut fiduciary adjustments resident inter vivos trusts with one or more beneficiary percentage.	ment. Schedule B,	Part 2 should only	be complete	ed by full-year or part-	year	
PART 1 - SHARES OF CONNECTICUT FIDUCE ESTATE OR TRUST OR A PART-YE			NONRESIDE	NT		
(1)  Name and address of each beneficiary  Check box below if beneficiary is a  nonresident of Connecticut	(2) Identifying number of each beneficiary	Shares of federal distributable net income (See instructions)		(5)		
		(3) Amount	(4) Percent	Shares of Connecticut fiduciary adjustment		
a)						
b)						
c)						
d)						
Ц						
	e) Fiduciary			*		
The amount entered on Schedule B, Part 1, Column 5, Line f should be the same as the amount entered on Form CT-1041,			100%			
*IMPORTANT: Enter the fiduciary adjustment from resident trust) or on Schedule CT-					full-year	
IMPORTANT: The fiduciary mu for inclusion on	ıst provide each ben the applicable incon		ule of amour	nts of modifications		
PART 2 - PERCENTAGE OF RESIDENT NONCO	ONTINGENT BENEFIC	IARIES (See instruction	ns)			
Enter the number, if any, of resident noncontingent beneficiaries						
2. Enter the number of nonresident noncontingent beneficiaries						
3. Add Line 1 and Line 2						
4. Divide Line 1 by Line 3 and enter as a decimal (See instructions)						

**NOTE:** If a full-year resident *inter vivos* trust, enter the percentage from Line 4 above on Form CT-1041, Schedule C, Line 14. If a part-year resident *inter vivos* trust, enter the percentage from Line 4 above on Schedule CT-1041FA, Part 1, Line 7.